

COURT OF APPEALS
DIVISION II

2019 FEB 21 AM 10:34

STATE OF WASHINGTON

BY: ML
DEPUTY

NO. 53064-3-II

**COURT OF APPEALS, DIVISION II
OF THE STATE OF WASHINGTON**

ZBIGNIEW M. LASKOWSKI

Appellant,

v.

WASHINGTON STATE
DEPARTMENT OF LABOR AND INDUSTRIES

Respondent.

REPLY BRIEF OF APPELLANT

ZBIGNIEW M. LASKOWSKI,
Appellant Pro Se
PO BOX 6195
OLYMPIA, WA 98507-6195
(360) 918-4401

TABLE OF CONTENTS

I.	ASSIGNMENTS OF ERRORS.....	3-12
	A. COURT OF APPEALS, DIVISION II OF THE STATE OF WASHINGTON CASE NO. 53064-3-II; ZBIGNIEW M. LASKOWSKI v. WASHINGTON STATE DEPARTMENT OF LABOR AND INDUSTRIES; DEPARTMENT'S BRIEF OF RESPONDENT	
II.	STATEMENT OF THE CASE.....	12-13
III.	ARGUMENT.....	13-14
IV.	CONCLUSION.....	14

TABLE OF AUTHORITIES

CONSTITUTIONAL PROVISIONS

TITLE II – FEDERAL OLD – AGE, SURVIVORS, AND DISABILITY
INSURANCE, SEC. 203, 204, 205, 223, 224, 22

STATUTES

42 U.S.C. 424a, SEC. 202, 223, 224

SSA – POMS: DI 52120.265, DI52150.080, DI52150.020

RCW 51.04.060

RCW 51.52.060, 050

RCW 51.32.075, 220, 225, 240

I. ASSIGNMENTS OF ERRORS

ASSIGNMENTS OF ERRORS FOR DEPARTMENT'S BRIEF OF
RESPONDENT; COURT OF APPEALS, DIVISION II OF THE STATE OF
WASHINGTON CASE NO. 53064-3-II; ZBIGNIEW M. LASKOWSKI v.
WASHINGTON STATE DEPARTMENT OF LABOR AND INDUSTRIES:

NO.1 Page 1, lines 6-8 "Under the federal... benefit rate"

NO.2 Page 1, lines 11-13 "Laskowski also... Security Act."

NO.3 Page 1, lines 13-15 "The Superior... as well."

NO.4 Page 2, lines 16-20 "Once the... RCW 51.32.220(2)(4)."

NO.5 Page 3, lines 9-11 "The Department... on that date. AR 59."

NO.6 Page 3, lines 12-18 "In November... RCW 51.32.220(2)(4)."

NO.7 Page 4, lines 1-5 "Using data... in 2006."

NO.8 Page 4, lines 5-7 & 17-20 "The Department issued... 2009."

"The offset was...AR Richardson 58."

NO.9 Page 4, lines 7-10 "..., taking into..., of \$2,109.25."

NO.10 Page 4, lines 10-14 "However, ... Board."

NO.11 Page 4, lines 25-26 "Under RCW 51.32.220(4) ...

RCW 51.32.220(2)."

NO.12 Page 405, lines 15-16 & 1-4 "The Board ... (ACE)."

NO.13 Page 5, lines 5-10 "On remand, ... September 2009."

NO.14 Page 5, lines 10-15 "The Department ... on the offset."

NO.15 Page 6, lines 5-12 'RCW 51.32.220 ... findings."

NO.16 Page 6-7, lines 14-21 & 1-2 "In a worker's ... findings."

NO.17 Page 7, lines 3-10 "The court ... (2012)."

NO.18 Page 7, lines 12-13 "The Department ... otherwise."

NO.19 Page 8, lines 1-5 "Substantial ... Rate."

NO.20 Page 8, lines 18-22 "42 U.S.C. 424a(a) ... (ACE). Birgen, 186

Wn. App. At 856.”

NO.21 Page 9, lines 1-10 “RCW 51.32.220(2) ... 2009.”

NO.22 Page 10, lines 1-6 “The Department...of \$50,196.90. AB 3,8.”

NO.23 Page 10, lines 7-11 “Next, ... otherwise.”

NO.24 Page 10-11, lines 16-19 & 1-2 “Since eighty...42 U.S.C. 424a

(a)(2) - (6).”

NO.25 Page 11, lines 6-10 “B. The Department ... Rate.”

NO.26 Page 12, lines 10-15 “Because ..., or 2014.”

NO.27 Page 12-13, lines 16-20 & 1-7 “Laskowski’s time...; but see

RCW 51.32.220(2).”

NO.28 Page 13-14, lines 12-19 & 1-10 “The Department’s

Adjudication... facts.”

ISSUES PERTAINING TO ASSIGNMENTS OF ERRORS FOR
DEPARTMENT’S BRIEF OF RESPONDENT, COURT OF APPEALS,
DIVISION II OF THE STATE OF WASHINGTON NO. 53064-3-II;
ZBIGNIEW M. LASKOWSKI v. WASHINGTON STATE DEPARTMENT
OF LABOR AND INDUSTRIES:

NO.1 In this L & I claim, AB 17747, three (3) different calculations

of Petitioner wages were used to calculate Time Loss rate:

\$48,617.52 (done by the department in Nov 2007 by claims

manager Ms. Amanda Fisher), \$34,289.49 (invented by Ms.

Patricia Richardson) and \$50,196.90 (order of the Thurston

County Superior Court).

The wages used to calculate pre-offset time loss rate, and wages

which were used in calculating offset are both incorrect. The

correct rate for this case is \$50,196.90.

NO.2 The Appellant provide copies of Brief to all parties. The Brief contains long 5 pages calculations for everyone convenience to compare. Besides general complain from the department/counsel nobody had any specific, to the point, complains or questions yet about the numbers or else. Everything remains undisputed and sustainable.

NO.3 The Superior Court order dated May 25, 2018 followed by Hon. James Dixon ruling on May 18, 2108 where the last words said it in the open court by Thurston County Superior Court Judge "I don't know this law", but early the Judge declared he reviewed "the entire record" without noticing, has to be assumed, that the case was all about, or most of it, RCW 51 and worker compensation. Verbatim Report of Proceedings by Court Reporter Aurora Shackell, RMR CRR doesn't captured last Judge's sentence.

NO.4 RCW 51.32.220(4) "No reduction will be made unless the worker receives notice of the reduction prior to the month in which reduction was made." In this case the notice was given to the Appellant on November 02, 2011, and reduction took effect December 02, 2011. All other notices of presumed calculations in August/September 2009 were never received or announced by the Department of Labor and Industries.

NO.5 The Department didn't reopen the Claim AB 17747 until June 02, 2011, not like the Department claims in April 2010. Took department to process reopening application from April 2010 till June 2011 when claim got reopen.

NO.6 "... the Department could – under RCW 51.32.220- assess overpayment reaching back up to six months before it gave him that notice, or May 2011. RCW 51.32.220(2), (4)."

RCW 51.32.220(4) "No reduction will be made unless the worker receives notice of the reduction prior to the month in which reduction is made."

The reduction and the assessment of overpayment, if any, shall happened and being care of in the good faith. In the Exhibits Appellant is providing the Court and parties with seven (7) pages of Social Security and the Department specialist Ms. Patricia Richardson fill out forms on three (3) different occasions: 05/31/2011, 06/02/2011, 08/10/2011 to finally after six full statutory months sending notice of Social Security Offset on 11/02/2011. And because at the same time she lowered the amount of wages to consider in calculation of time loss rate from \$48,617.52 to \$34,289.49 she achieved the ultimate, \$5,115.30 in overpayment.

NO.7 The Department calculated Time Loss Rate in November

2007 base on Appellant wages in amount of \$48,617.52.

Department's explanation that using figure of \$34,289.49 instead, less of \$14,328.03 didn't produced any diligence on the behalf of their offset specialist Ms. Patricia Richardson in November 2011 or later didn't rise suspicions of a legal team.

NO.8 Department could not issue an order in February 2012 that calculated the offset effective September 2009 because the Appellant only received required by law [RCW 51.32.220(4)] notice of reduction once in November 2011 in which the department informed that reduction will takes effect following month of December 2011. Language included in department order didn't follow the law as provided.

NO.9 The calculation of time loss rate by using pre-offset time loss rate of \$2,976.25 and Social Security benefit rate of \$867 to receive after offset \$2,109.25 new time loss rate, doesn't reminds any recognizable method in this kind of calculations, especially in absence of the "80%" reducing factor. Result of \$2,109.25 is not adequate or recognizable amount (please see Appellant Brief for references).

NO.10 Department insisting on Social Security Offset in this case to take effect September 2009 but refuses to recognize that the only "notice of reduction" issued by the department is the one

issued in November 2011, more than two years after targeted by the department date of September 2009. Besides the language of the law sets up the time for "notice of reduction" prior, not post-reduction. [RCW 51.32.220(4)].

NO.11 The department's statutory up to six (6) months refund of alleged overpayment of \$5,115.30 appears to be well maintained scum. The department reopened Claim AB 17747 in June 2011, then under careful eye of Ms. Patricia Richardson who made three (3) separate inquiries (EXHIBITS) into the social security offset issue between June 2011 and November 2011 (May 31, 2011, August 10, 2011 November 02, 2011) but decided to wait till November 02, 2011 to imposed it.

NO.12 Thurston County Superior Court Case No. 13-2-02092-8 verdict adjusted the annual wage of Appellant from \$34,289.49 to \$50,196.90 for the second time in this claim history, when originally the Department made the employer of the injury Air Van Lines, Inc. to repay the difference between these above two sums in amount of \$15,907.41.

NO.13 The Time Loss rate in amount of \$2,479.46 suggested by the Department as a correct Time Loss rate for year 2009 is wrong (please see Petitioner Brief for details). Year 2009 is not the year of offset because Notice of Reduction was serve in this claim on

November 02, 2011 what made the day of offset appropriate for December 2011. (RCW 51.32.220(4))

NO.14 The difference between \$2,479.46 and \$2,692.12 is 8.59%. Calculation of Triennial Redetermination never was presented to the Appellant or posted in L & I Appellant's account, like doesn't exist. Calculations in Appellant brief show the Triennial Redetermination wasn't due till July 01,2015. COLA (cost of living adjustment) in this particular year was 4.168%. Why the Department choose Triennial Redetermination over COLA increase it is puzzling.

NO.15 Formula of Social Security Offset described in "ISSUE" by the Department isn't recognizable without "80%" factor normally present.

NO.16 In Proposed Decision and Order ALJ Brain Watkins misinterpreted the law 29 times. Step farther, at Thurston County Superior Court Judge had ex-parte communication with department's counsel. Hon. James Dixon after issuing verdict in Thurston County Superior Court Case No. 16-2-03591-34 said in the open court "I don't know this law" what makes the court incompetent.

NO.17 "An agency interpretation of law is given deference when that agency has specialized expertise in dealing with such issue."

Department case spoke through its own actions that mathematics or general approach to worker's compensation law aren't their expertise. Fraudulent adjudication of claims shall not be celebrated, applauded or rewarded with promotion.

NO.18 The Appellant included all calculations and explanations of Social Security Offset in his own Brief, so Department's declaration "has not shown otherwise" ridicules the process.

NO.19 The Department insists that correctly calculated offset as of September 2009 but didn't serve the "notice of reduction" as required by RCW 51.32.220(4).

NO.20 42 U.S.C. 424a has subsection (7) and (8) are also related to this claim.

NO.21 Notice of Social Security Offset reduction in Claim AB 17747 was issued first time on November 02, 2011 despite the Claim was reopened six months early on June 02, 2011. The law direct as follow "No reduction will be made unless the worker receives notice of reduction prior to the month in which reduction is made." RCW 51.32.220(4). Department assertions and making September 01, 2009 official Social Security Offset date is incorrect.

NO.22 The Department knew that Appellant wages in year 2006 were \$48,617.52, and not like the counsel suggests \$34,289.49,

because the Department made own calculations followed by the order in November 2007. By lowering the amount of wages taken under consideration when calculating Time Loss Benefits in November 2011 the department's accountant action created gap of \$900.00-\$1,000.00 in benefits calculation when compared with Time Loss Rate form pre-offset level what triggered overpayment of \$5,115.30 of which \$3,803.48 was paid back by Appellant into L & I fund.

NO.23 The Time Loss rate for year 2009 changed on July 1st, as every year (except 2011) does. The time Loss rate for this claim before July 01, 2009 was \$2,972.48. On July 01, 2009 changed to \$3,074.49.

NO.24 \$2,479.46 it is not the whole amount of Time Loss rate for this claim because Temporary Total Disability benefits are eligible for annual COLA increase.

NO.25 The gap between two amounts \$2,479.46 and \$3,346.46 is designed to be fill out by reoccurring COLA provided between years 2006 to 2015 in this claim. After that Triennial Redetermination replaced COLA.

NO.26 The hoax called by AAG John Barnes "high ACE" changed to "lag behind ACE" by present interpreter. But either supports their findings with laws or transparent mathematical explanation.

NO.27 The Claim was eligible by law (DI 52120.265) for first Triennial Redetermination in November 2014, three years after initial Social Security Offset calculation. If the Department would issue Notice of Reduction in August 2009 this claim would be eligible by law for its first Triennial Redetermination in August 2012, then for second one in August 2015. But once again, Notice of Reduction would have to be issued in August 2009, not in November 2011.

NO.28 "...eighty percent of the ACE continued to exceed all of the other figures, it continued to drive the social security offset calculation, which meant that the COLAs did not result in an increase to Laskowski's time loss rate after the offset."

It would be good to put to test all the numbers by putting them in systematic order to anyone to see because from very complicated statement above one thing transpires, "eighty percent of the ACE continue to exceed all of the other figures..." could possibly meant that there is still enough space for COLA. Innuendos drive departments expertise the most.

II. STATEMENT OF THE CASE

The Department to cover up their own shortcomings alleges two different occurrences of Social Security Offset calculations, one in September 2009, the other over two years later in November

2011. The methods of both calculations offered by the Department don't follow the rules of laws governing the issues.

III. ARGUMENT

"No reduction will be made unless the worker receives notice of the reduction prior to the month in which reduction is made."

RCW 51.32.220(4)

The only notice of reduction, in Social Security Offset calculation process, the Appellant received on November 02, 2011 what validates and authorize by law December 02, 2011 as the date of Social Security offset in Claim AB 17747.

After every new calculation of claimants benefits the Department shall reattached its "permanent factor", past to current Cola (cost of living adjustment). RCW 51.32.075

IV. CONCLUSION

The Thurston County Superior Court judgment dated November 21, 2014, under Case No. 13-2-02092-8 shall be amended.

The Department's orders of November 02, 2011, February 17, 2012 and May 08, 2015 are incorrect and shall be reversed.

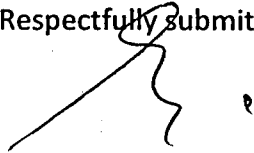
The Board of Industrial Insurance Appeals order dated August 18, 2016 upholding Proposed Decision and Order dated July 12, 2016, both shall be reversed.

The Thurston County Superior Court findings of Fact, Conclusions of Law and Judgment issued on June 22, 2018 in Cause 16-2-03591-

34 shall be reversed and money own by the Department should be paid with 50% penalty as foreseen by RCW 51.32.240(5)(a).

DATED, February 21, 2019

Respectfully submitted,



Zbigniew M. Laskowski, Petitioner Pro Se

PO BOX 6195

OLYMPIA, WA 98507

PH. # (360) 918-4401

EXHIBITS

MAY-31-2011 16:36

SSA ATSC

253 288 4475

P_007/016

CLAIM: AB17747

Department of Labor and Industries
 Division of Industrial Insurance
 Social Security Office
 Olympia, WA 98504-4283

SOCIAL SECURITY
 BENEFIT INQUIRY

Query Type: MBR

EEQY

FACT QY

High One

Name : LASKOWSKI, ZEIGNIEW M
 SSN : 532-15-7594
 LAZ claim No: AB17747

Requested by:

Patricia Reinhardt

Remarks:

DOE 05/08 Current MBA \$867.80 RIB No
 DIA Yes Current PIA \$867.80
 ACE \$7286.40 or Wages/Yr
 Offset No OFFSET Through
 AUX MBA Each \$307.50

	Yes	No	DOB	WE's Yes	Address No	Any Aux Pending? NONE
B2	/		06/15/23	/		
C1	/				/	
C2		/			/	
C3		/			/	
C4						
C5						

Remarks:

Completed by:

M. Ognienko

Date:

05, 31, 11

Respond by FAX to 360-902-5029

Thank you

Department of Labor and Industries
Division of Industrial Insurance
Social Security Offset
Olympia, WA 98504-4283

CLAIM: AB17747

Social Security
Info Sheet
Printed: 05/31/11
REQST BY: DONALD ROMAN

Name : LASKOWSKI, ZBIGNIEW M
SSN : 532-15-7594 Date of Birth: 01/23/57
L&I Claim No: AB17747 Sex : M

State Agency Code : 050
State Comm Code :
WTPY Response Date : 05/28/11

-- C O N F I D E N T I A L S O C I A L S E C U R I T Y D A T A --

SSO System Status/Description : CA CLAIM APPROVED
Payment Status : C CURRENT PAYMENT

Verification : V - VERIFIED
Record Type : 2 - BASIC + TITLE II
Title II Status : Y - RESPONSE RECEIVED
Can and Bic No : 532-15-7594

----- E R R O R S / D I S C R E P A N C I E S -----

Discrepancy :
Error Condition :

----- C L A I M S F O R T H I S S S N -----

Y668105 AB17747

LINIIS Date of Birth: 01/23/57 Sex: M Century: 9
SSA Date of Birth : 01/23/57 Proof of Age: B BIRTH/BAPT. CERTIFICATE

Initial Date of Entitlement: 03/95
Current Date of Entitlement: 05/08
Termination Date:

Title II Name : LASKOWSKI, ZBIGNIEW

SSA Address : ZBIGNIEW LASKOWSKI
PO BOX 6195
OLYMPIA WA

ZIP: 98507 6195

Title II Assistance Code: J
Agency Code: 500
State Code: 50
County Code: 330

Net Monthly Benefit if Payable : 867.00 Direct Deposit Ind: C CHECKING Deferred Pay Date:
Scheduled Payment Ind : PRIOR MONTH ACCRUAL ONLY
Current Payment Amount : Scheduled Payment Date:
Prior Payment :
Combined Check Indicator:

MEDICARE: Y MEDICARE IS PRESENT

Dual Entitlement: Number:

BIC:

HEALTH INSURANCE -----

Health Insurance Ind: Y	Buy In Ind : N	Supplemental Insurance Ind: Y	Buy-in Ind: Y
Option: E YES, AUTOMATIC	Buy-in Code:	Option: Y SUPPL INS PREMI	Buy In Code: 500
HI Start Date : 05/08	Stop Date :	SMI Start Date : 06/09	Stop Date:
Buy-in Start Date:	Stop Date :	Buy-in Start Date: 06/10	Stop Date:
Premium Amount:		Premium Amount: 115.40	

Title II Black Lung Entitlement Code:
Title II Railroad Ind :
Title II Disability Onset Date : 01/05/06

Payment Amt :
Date of Death :
Own SSN :

Cross Ref Entitlement No: Bic: Codes: Descriptions:

Monthly Benefit Credit Date:	05/10	12/09	05/09	12/08	05/08	05/03
Credit Amt :	867.00	867.50	867.40	867.00	820.00	500.00
Credit Type:	C	C	C	C	C	N

Print Sequence: 11

JUN-02-2011 16:19

SSA ATSC

253 288 4475 P.003

Department of Labor and Industries
Division of Industrial Insurance
Social Security Offset
Olympia, WA 98504-4283

CLAIM: AB17747

SOCIAL SECURITY
BENEFIT INQUIRY

Query Type: MBR

SEQY

FACT QY

High One

thru

Name : LASKOWSKI, ZBIGNIEW M
SSN : 532-15-7564
L&I Claim No: AB17747

Requested by: Donald C. Roman

SSO/Specialist
(202) 902-4279

Remarks:

DOE 05/08 Current MBA \$867.80 RIB No
DIB Yes Current PIA \$867.80
ACE \$2285.40 or Wages/yr. _____
Offset No Offset Through _____
AUX MBA Each \$307.50

	Yes	No	DOB	WE's Yes	Address No	Any Aux Pending?
B2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>06/15/93</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>NONE</u>
C1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>06/15/93</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
C2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>06/15/93</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
C3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>06/15/93</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
C4	<input type="checkbox"/>	<input type="checkbox"/>	<u>06/15/93</u>	<input type="checkbox"/>	<input type="checkbox"/>	
C5	<input type="checkbox"/>	<input type="checkbox"/>	<u>06/15/93</u>	<input type="checkbox"/>	<input type="checkbox"/>	

Remarks:

Completed by: N. OgnickiDate: 06/02/11

Respond by FAX to 360-902-5029

Thank you

SEE
USSO

CLAIM: AB17747

Department of Labor and Industries
Division of Industrial Insurance
Social Security Offset
Olympia, WA 98504-4283

Social Security
Info Sheet
Printed: 06/02/11
REQST BY: REQ'D BY BATCH SYSTEM

Name : LASKOWSKI, ZBIGNIEW M
SSN : 532-15-7594 Date of Birth: 01/23/57
L&I Claim No: AB17747 Sex : M

State Agency Code : 050
State Comm Code :
WTPY Response Date : 06/01/11

-- C O N F I D E N T I A L S O C I A L S E C U R I T Y D A T A --

SSO System Status/Description : CA CLAIM APPROVED
Payment Status : C CURRENT PAYMENT

Verification : V - VERIFIED
Record Type : 2 - BASIC + TITLE II
Title II Status : Y - RESPONSE RECEIVED
Can and Bic No : 532-15-7594

----- E R R O R S / D I S C R E P A N C I E S -----

Discrepancy :
Error Condition :

----- C L A I M S F O R T H I S S S N -----

Y668105 AB17747

LINEIS Date of Birth: 01/23/57 Sex: M Century: 9
SSA Date of Birth : 01/23/57 Proof of Age: B BIRTH/BAPT. CERTIFICATE

Initial Date of Entitlement: 03/95
Current Date of Entitlement: 05/08
Termination Date:

Title II Name : LASKOWSKI, ZBIGNIEW

Title II Assistance Code: J
Agency Code: 500
State Code: 50
County Code: 330

SSA Address : ZBIGNIEW LASKOWSKI
PO BOX 6195
OLYMPIA WA

ZIP: 98507 6195

Net Monthly Benefit if Payable : 867.00 Direct Deposit Ind: C CHECKING Deferred Pay Date:
Scheduled Payment Ind : PRIOR MONTH ACCRUAL ONLY
Current Payment Amount : Scheduled Payment Date:
Prior Payment :
Combined Check Indicator:

MEDICARE: Y MEDICARE IS PRESENT

Dual Entitlement: Number:

BIC:

HEALTH INSURANCE -----

Health Insurance Ind: Y
Option: E YES, AUTOMATIC
HI Start Date : 05/08
Buy-in Start Date:
Premium Amount:

Buy In Ind : N
Buy-in Code:
Stop Date :
Stop Date :

Supplemental Insurance Ind: Y Buy-in Ind: Y
Option: Y SUPPL INS PREMI Buy In Code: 500
SMI Start Date : 06/09 Stop Date:
Buy-in Start Date: 06/10 Stop Date:
Premium Amount: 115.40

Title II Black Lung Entitlement Code:
Title II Railroad Ind :
Title II Disability Onset Date : 01/05/06

Payment Amt :
Date of Death :
Own SSN :

Cross Ref Entitlement No:

Bic: Codes: Descriptions:

Monthly Benefit Credit Date:	05/10	12/09	05/09	12/08	05/08	06/03
Credit Amt :	867.00	867.50	867.40	867.00	820.00	500.00
Credit Type:	C	C	C	C	C	N

Print Sequence: 25

AUG-10-2011 12:43

SSA ATSC

253 288 4475
NOV. 10/22P.008/010
1. 2/14

CLAIM: AB17747

Department of Labor and Industries
Division of Industrial Insurance
Social Security Offset
Olympia, WA 98504-4283

SOCIAL SECURITY
BENEFIT INQUIRY

Query Type: MBR

SEQY

FACT QY

High One

thru

Name : LASKOWSKI, ZBIGNIEW M
SSN : 532-15-7554
L&I Claim No: AB17747

Requested by:

Patricia B. Lusk

Remarks:

DOE 05/08 Current MBA \$867.80 RIB No
DIB Yes Current PIA \$867.80

ACE \$2285.40 on Wages/yrOffset No. OFFSET PERIOD ThroughAUX MBA Each \$304.50

	Yes	No	DOB	WE's Yes	Address No	Any Aux Pending?
B2						
C1	<u>✓</u>		<u>06/15/93</u>	<u>✓</u>		
C2		<u>✓</u>			<u>✓</u>	
C3		<u>✓</u>			<u>✓</u>	
C4						
C5						

Remarks:

1-20

A13

Completed by:

A. Gmickew

Date:

Respond by FAX to 360-902-5029

Thank you

Print Sequence: 12

Department of Labor and Industries
Division of Industrial Insurance
Social Security Offset
Olympia, WA 98504-4283

CLAIM: AB17747

Social Security
Info Sheet
Printed: 08/10/11
REQST BY: PATRICIA RICHARDSON

Name : LASKOWSKI, ZBIGNIEW M
SSN : 532-15-7594 Date of Birth: 01/23/57
L&I Claim No: AB17747 Sex : M

State Agency Code : 050
State Comm Code :
WTPY Response Date : 08/09/11

-- CONFIDENTIAL SOCIAL SECURITY DATA --

SSO System Status/Description : CA CLAIM APPROVED
Payment Status : C CURRENT PAYMENT

Verification : V - VERIFIED
Record Type : 2 - BASIC + TITLE II
Title II Status : Y - RESPONSE RECEIVED
Can and Bic No : 532-15-7594

----- ERRORS / DISCREPANCIES -----

Discrepancy :
Error Condition :

----- CLAIMS FOR THIS SSN -----

Y668105 AB17747

LINIIS Date of Birth: 01/23/57 Sex: M Century: 9 Initial Date of Entitlement: 03/95
SSA Date of Birth : 01/23/57 Proof of Age: B BIRTH/BAPT. CERTIFICATE Current Date of Entitlement: 05/08
Termination Date:

Title II Name : LASKOWSKI, ZBIGNIEW

SSA Address : ZBIGNIEW LASKOWSKI
PO BOX 6195
OLYMPIA WA

Title II Assistance Code: J
Agency Code: 500.
State Code: 50
County Code: 330

ZIP: 98507 6195

Net Monthly Benefit if Payable : 867.00 Direct Deposit Ind: C CHECKING Deferred Pay Date:
Scheduled Payment Ind : PRIOR MONTH ACCRUAL ONLY
Current Payment Amount : Scheduled Payment Date:
Prior Payment :
Combined Check Indicator:

MEDICARE: Y MEDICARE IS PRESENT

Dual Entitlement: Number:

BIC:

HEALTH INSURANCE -----

Health Insurance Ind: Y	Buy In Ind : N	Supplemental Insurance Ind: Y	Buy-in Ind: Y
Option: E YES, AUTOMATIC	Buy-in Code:	Option: Y SUPPL INS PREMI	Buy In Code: 500
HI Start Date : 05/08	Stop Date :	SMI Start Date : 06/09	Stop Date:
Buy-in Start Date:	Stop Date :	Buy-in Start Date: 06/10	Stop Date:
Premium Amount:		Premium Amount: 115.40	

Title II Black Lung Entitlement Code:

Payment Amt :

Title II Railroad Ind

Date of Death :

Title II Disability Onset Date : 01/05/06

Own SSN :

Cross Ref Entitlement No:

Bic: Codes: Descriptions:

Monthly Benefit Credit Date:	05/10	12/09	05/09	12/08	05/08	08/03
Credit Amt :	867.00	867.50	867.40	867.00	820.00	500.00
Credit Type:	C	C	C	C	C	N

Print Sequence: 11

DEC-10-2009 11:17

II. INFORMATION REQUESTED (To be completed by addressee)

AB17747

NOTE: A copy of the compensation decision, payment record, court order, award letter, etc. which clearly shows the payment data requested below may be submitted in lieu of completing this form.

7. a. Periodic workers' compensation or public disability payments to worker

DATE PAYMENT EFFECTIVE (MM/DD/YYYY)	DATE PAID THROUGH (MM/DD/YYYY)	MONTHLY AMOUNT	ATTORNEY FEES AND OTHER EXPENSES INCLUDED IN WEEKLY AMOUNT	ENTER TYPE OF PAYMENTS			
				TEMPORARY		PERMANENT	
				PARTIAL	TOTAL	PARTIAL	TOTAL
4-2-10	6-30-10	2976.25	monthly		✓		
8-1-10	8-3-11	3032.96			✓		
8-10-11	11-30-11	3023.96					
12-1-11	ongoing	Reverse jurisdiction applies					

b. Most recent payment stopped because (Check appropriate block).

☐ Lump-Sum Settlement Pending -
Decision Expected By _____

☐ Permanent Rating Pending -
Decision Expected By _____

☐ Award Under Appeal -
Decision Expected By _____

☐ Other (Explain in "Remarks.")

8. a. Lump sum payment to worker

DATE OF SETTLEMENT(S)	GROSS AMOUNT(S)	RATE(S) PER MONTHLY	NUMBER OF WEEKS	BEGINNING DATE
-----------------------	-----------------	---------------------	-----------------	----------------

b. The following expenses were deducted from the gross

1. Present and past medical expenses → \$
2. Future medical expenses → \$
3. Attorney fees → \$
4. Other related expenses (Explain in "Remarks.") → \$

effective
12-1-11

9. Are the benefits reduced (or will be reduced) because of the worker's receipt of Social Security Benefits? ☒ Yes ☐ No

10. If the payments are not workers' compensation, (for example, disability retirement) and the worker was a State or local government employee, were Social Security taxes (that is, FICA taxes) paid on the worker's earnings? (If "No", go on to item 12.) ☐ Yes ☐ No

What were the total number of years of service (FICA and non-FICA)? →	TOTAL YEARS/MONTHS /	How many years was the worker engaged in employment "covered" by Social Security? →	YEARS/MONTHS /
---	----------------------	---	----------------

11. If the disability payments are not workers' compensation, but are being made under a Federal law or plan, was any of the worker's service covered under Social Security (i.e., FICA taxes were paid), including military service after 1956? (If "No", go on to item 12.) ☐ Yes ☐ No

What were the total number of years of service (FICA and non-FICA)? →	TOTAL YEARS/MONTHS /	How many years was the worker engaged in Federal employment covered by Social Security, including military service after 1956, but not military service before 1957? (OPM - Include deposit service.) →	YEARS/MONTHS /
---	----------------------	---	----------------

2. Remarks

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

1. SIGNATURE OF PERSON COMPLETING THE FORM

TELEPHONE NO. (include area code)

TITLE

PATRICIA RICHARDSON
SSO/SPECIALIST
(350) 902-4705

DATE

12-21-11

Certificate of Service

I certify that on February 21, 2019, I deposited in the United States mail, ☐ delivered through a legal messenger service, ☒ personally delivered, a copy of this document to the attorney(s) of record for ☐ Plaintiff/
Petitioner X Defendant/Respondent ☒ All Other Parties of Record.

Attorney for ☐ Plaintiff/Petitioner
☐ Defendant/Respondent
☐ Other: _____

PRESENTING PARTY:

Sign: _____

Print/Type Name: **ZBIGNIEW M. LASKOWSKI**

WSBA # _____ (if attorney)

Address **PO BOX 6195**

City/State/Zip: **OLYMPIA/ WA/ 98507**

Attorney for: _____

Telephone: **(360) 918 4401**

Date: **February 21, 2019**

CLERK OF APPEALS
DIVISION II

2019 FEB 21 AM 10:34

STATE OF WASHINGTON

BY MS DEPUTY

**LIST NAMES, ADDRESSES & TELEPHONE NUMBERS
OF ALL PARTIES REQUIRING NOTICE**

**Name: THE COURT OF APPEALS
DIVISION II
COURT OF APPEALS CLERK**

Attorney for:

WSBA #:

**Address: 950 BROADWAY STE. 300
TACOMA, WA 98402-3694**

Telephone:

Name: STEVE VINYARD, AAG

**Attorney for: OFFICE OF
ATTORNEY GENERAL**

WSBA #: 29737

**Address: 7141 CLEANWATER DR. S.W.
PO BOX 40121
OLYMPIA, WA 98504-0121**

Telephone: (360) 586-7715

Name :

Attorney for:

WSBA #:

Address:

Telephone:

Name: AIR VAN LINES, INC

Attorney for:

WSBA #:

**Address: 2340 130TH AVE N.E., #201
BELLEVUE, WA 98005-1763**

Telephone: